ARIZONA DEPARTMENT OF WATER RESOURCES WATER MANAGEMENT DIVISION

MAIL TO: P.O. BOX 36020, PHOENIX, ARIZONA 85067-6020 3550 North Central Avenue, Phoenix, Arizona 85012 Phone (602) 771-8500 Fax (602) 771-8609

APPLICATION FOR WATER EXCHANGE PERMIT (A.R.S. § 45-1041)

FOR DEPARTMENT USE ONLY

DWR # The initial fee for an Application for a Water Exchange Permit is \$2,000. DATE RECEIVED _____ Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the costs of Input By reviewing your application exceed \$2,000, you will be invoiced for the AMA/INA _____ difference, up to a maximum total fee of \$65,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Groundwater Permitting and Wells Program at 602-771-8500). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a pre-decision administrative hearing on the application. Review-related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. Failure to enclose the initial application fee will cause the application to be returned. Fees for an Application for a Water Exchange Permit are authorized by A.R.S. § 45-1041 and A.A.C. R12-15-103. Each party who seeks to give surface water, other than Colorado River Water in the water exchange must file a separate application. Check One: ☐ Specific Use (allows parties to exchange specific sources in specific quantities for uses in specific locations). ☐ General Use (two or more political subdivisions or one or more political and one or more private water companies or Indian communities). Applicant: Name: Telephone: ____ Mailing Address: _____ City: ____ State/Zip:___ Parties to the contract (attach additional page if necessary) Party (A) Telephone: Name: Mailing Address: ______City: ______State/Zip: _____ Contact Person: Party (B) Name: Telephone: Mailing Address: ______ City: _____ State/Zip:

Contact Person:

Party (C) Name:			Telephone:				
Mailing Address:			_City:	State/Zip:			
Contact Person:							
3. Name of Active Manageme operated. (If more than three	_	-	rea, Groundwater E	Basin or Subbasin	where the p	project will be	
Party (A)							
Party (B)							
Party (C)							
4. Legal right to appropriated right number, law, court dec						the exchange (cite	
Party (A)							
Party (B)							
Party (C)							
5. Each participant in the water exchange. If less than 90% beneficial to water manager	attach separate pag						
6. Source(s) and amounts of w	rater to be exchange	ed:					
Party (A) Type of Water:		Amount	afa	To Party			
Party (B) Type of Water:		Amount	afa	To Party			
Party (C) Type of Water:		Amount	afa	To Party			
7. If the water exchange involve (Attach separate page if nec	cessary).		<u> </u>	number pursuant t	o the excha	ange, for each part	
Well Registration Number	Township	Range	Section	17	1/	1/	
55				1/4			
55				1/4			
55		<u> </u>		1/4			
55				1/4	1/4	1/4	
8. Is any new or increased punexchange? ☐ Yes ☐ No		he applicant, with	in an Active Manag	gement Area, antic	cipated pur	suant to this water	
9. Point(s) of Diversion if Sur	face Water:						

Party (A) Township	Range	Section	1/4	1/41/2			
Party (B) Township	Range	Section	1⁄4	1/41/4	<u>′4</u>		
Party (C) Township	Range	Section	1/4	1/41	/4		
10. Legal description of	the location on	the land on which w	ater may be used	. (If more t	han three part	ies attach additional	page).
Party (A) Township	Range	Section	1/4	1/4	_1/4		
Party (B) Township	Range	Section	1⁄4	1/4	1/4		
Party (C) Township	Range	Section	1/4	1/4	1/_4		
11. Proposed duration of	f permit					(Maximum 50	years).
I (we),							, the
applicant(s) named in this	11						
made herein are to the be	st of my (our)	knowledge and belie	ve to be true, corr	ect and con	nplete.		
							_
Signature of owner or aut	thorized agent	Title				Telephone	
Mailing Address	City	у	State		Zip		_
STATE OF ARIZONA							
County of)					
Subscribed and sworn to	before me this	day of			20		
Subscribed and sworn to	before me this	day of_			, 20		
Subscribed and sworn to Notary Public	before me this	day of_			, 20		